



Managed Care Advisory Committee Meeting

July 20, 2021

Housekeeping Details

Welcome and thank you for joining us for today's Managed Care Advisory Committee Meeting.

Virtual Meeting Participants:

- Committee Members
 - We encourage committee members to **keep their cameras on** if possible to promote dialogue.
 - **Committee members can unmute themselves** to participate the discussion. The WebEx Chat feature can be used if needed.
 - Committee members should **announce their names and organizations** before speaking.
 - Committee members should **mute their lines** except when speaking.
- **Public attendees will be muted.** The presenter will answer questions at the end from the public via the chat (time permitting).

In-Person Meeting Participants:

- Committee members
 - **We ask committee members to raise their hands.** The presenter will call on committee members.
 - Committee members should **announce their names and organizations** before speaking.
- **Members of the public hold their questions until the end of the meeting and raise their hands.** The presenter will answer questions (time permitting).
- Committee members and members of the public should avoid side conversations when others are speaking and mute mobile devices.

The slides will be emailed to all meeting participants that registered for today's meeting.

All participants may provide written public comment by the end of the day to

katie.hill@dmas.virginia.gov be included in the official meeting record.

Agenda

- Welcome and Introductions
- Overview of Managed Care Delivery System
- Cardinal Care Design Approach
- Managed Care Advisory Committee Input on Cardinal Care
- Managed Care Program Updates
- Public Comment

Overview of Managed Care Delivery System

Current MCO Delivery System

Over the past 25 years, DMAS has expanded its managed care programs to cover the entire Commonwealth, while adding new eligibility populations and including additional services.

Over 96% of full-benefit Medicaid & FAMIS members are served through MCOs

Medallion 4.0
1,401,512 Members

Commonwealth Coordinated Care Plus
276,741 Members

Covered Groups



- Serving infants, children, pregnant members, caretaker adults and Medicaid expansion adults

- Serving older adults, disabled children, disabled adults, medically complex newly eligible adults; includes individuals with Medicare and Medicaid (full-benefit duals)

Covered Benefits



- Commercial like benefits plus ARTS, transportation and community mental health rehabilitation services; excludes LTSS

- Full continuum of services (same as Medallion), but also includes long-term services and supports (LTSS) in the community, nursing facilities, and hospice

Developmental Disability (DD) Waiver services are carved-out and paid through the Department

Health Plans



Same Six Health Plans Operate Statewide for Both Programs

- | | |
|--|--|
| <ul style="list-style-type: none">• Aetna Better Health of Virginia• Anthem HealthKeepers Plus• Molina Complete Care | <ul style="list-style-type: none">• Optima Health Family Care• UnitedHealthcare• VirginiaPremier |
|--|--|

DMAS Monthly Enrollment as of June 2021

Project Cardinal: Value

The ultimate goal of Project Cardinal is to unify the managed care programs under a single managed care contract, which will derive a more efficient and well-coordinated system of care for members and add value for providers and the Commonwealth.

Adds value for our members

- Streamlines processes for members, eliminates the need for unnecessary transitions between the two managed care systems, avoids confusion for members with family members in both programs, and drives equity in a fully integrated, well-coordinated system of care
- Allows for improved continuous care management and quality oversight based on population-specific needs

Adds value for our providers

- Streamlines the contracting, credentialing, and billing processes for providers

Adds value for DMAS, its MCOs and the Commonwealth

- Combines the two managed care contracts, two managed care waivers, and streamlines rate development and CMS approval processes
- Will allow DMAS to operate with greater efficiency and effectiveness and provides enhanced opportunity for value-based payment activities to promote enhanced health outcomes

Current Status

- ✓ Developed plan to combine the CCC Plus and Medallion 4.0 Contracts; reported to General Assembly in November 2020
- ✓ Received authorization and funding through the 2021 Appropriations Act to combine MCO Contracts, effective July 1, 2022
- ✓ Contracted with a national expert consulting firm, Manatt Health, to serve as comprehensive support for Project Cardinal, including for the consolidation of the MCO contracts, and gathering stakeholder input

Report available here - <https://rqa.lis.virginia.gov/Published/2020/RD567/PDF>

Cardinal Care Approach

Manatt Health's Role Supporting Cardinal Care



Project Management Office

Provide DMAS with overarching project management support for Project Cardinal



Consolidated Contract Development

- Support the development of a consolidated contract to unify the managed care programs
- Support critical stakeholder engagement in development of the consolidated contract



Best Practice Considerations for Commonwealth Priority Topics

- For Commonwealth priority topics:
 - Assess current state of managed care contracts to flag opportunities to align and strengthen
 - Identify relevant best practices across the national landscape of managed care programs and determine how to integrate them into the Cardinal Care consolidated contract to reinforce the effectiveness and efficiency of the program

Commonwealth Priority Topics for Contract Consolidation



DMAS has already taken significant steps to consolidate the contracts and identify priority contract areas that require strategic consideration to ensure a more efficient and well-coordinated system of care. Top two focus areas include:

Focus Area	Rationale for DMAS Focus Areas Designation	DMAS' Objective
Model of Care	<ul style="list-style-type: none">Both contracts have provisions to serve vulnerable, at-risk populations with complex care needsModel of care requirements vary between the two programs	<ul style="list-style-type: none">Ensure the equitable delivery of care across populations served, including appropriate considerations for populations with complex care needs who require more intensive care coordinationEnsure that the consolidated model of care meets the needs of our populations served with high-quality and value.
Reporting, Monitoring and Oversight Policy, Operations, and Infrastructure (includes network adequacy)	<ul style="list-style-type: none">Current contracts differ in requirements and processes for reporting, monitoring compliance, and providing oversight	<ul style="list-style-type: none">Ensure the consolidated contract includes streamlined reporting and sufficient levers for compliance monitoring and oversight, including around network adequacyOperate a more efficient and effective managed care program with enhanced capacity for targeted oversight and monitoring activities that focus on quality of care/population health and other state priorities

DMAS is seeking feedback from stakeholders, including the Managed Care Advisory Committee on priority focus areas.

Committee Input on Cardinal Care

Discussion Questions

DMAS is committed to operating an efficient and well coordinated Medicaid delivery system that provides high-quality, equitable health care to its Medicaid members and adds value for its providers.



What are the strengths of the current Medicaid managed care contracts that DMAS should maintain?



Where are there opportunities for DMAS to strengthen and improve upon in its current Medicaid managed care contract requirements?



What requirements should DMAS consider for inclusion in the following areas in the consolidated managed care contract: model of care and reporting, monitoring and oversight (including network adequacy)?

Managed Care Program Updates

Managed Care Contract Changes

- Managed Care Contract changes were made based on the Governor and General Assembly (GA) directives, program clarifications and operation changes.
- All revisions are considered to have no fiscal impact unless funding was explicitly provided in the budget process.
- Contract language was reviewed and approved by:
 - MCOs,
 - DMAS Leadership,
 - Office of the Attorney General, and
 - Dept. of Planning and Budget.
- Contracts and rates pages were signed by MCOs and Director Kimsey and sent to CMS

Contract Changes from Governor and General Assembly

Budget Actions:

- **Center for Medicaid and Medicare Services (CMS) Regulatory Clarifications** – final rules clarifications
- **Behavioral Health Enhancement (Project BRAVO)*** – Adds three new behavioral health services.
- **Smoking Cessation** – Adds coverage for all remaining adult Medicaid members.
- **Sick Leave** - Adds sick leave pay for consumer-directed personal care, respite and companion care providers effective.
- **Doula Services** – Adds group of prenatal and postpartum services provided by licensed doulas. **Going live spring of 2022.**
- **Telehealth/Telemedicine** – Revised and clarified telehealth/telemedicine services to reflect program changes and GA directives.

Contract Changes from Governor and General Assembly

Budget Actions:

- **Unborn Child Benefit (FAMIS)** - Coverage for expectant mothers regardless of citizenship status, up to 60 days postpartum.
- **Durable Medical Equipment (DME) Provider Reimbursement**
 - Sets MCO reimbursement for DME services to minimum of 90% of the FFS rate.
- **Payment for Covid-19 Vaccine Administration** – Updated language to reflect DMAS payments to MCOs for administration of the Covid-19 vaccine.
- **12 Month Contraceptives**
- **Adult Dental*** - New benefit through DBA and MCOs must cover transportation to services.
- **Mental Health Provider Terminations Reporting** - MCO reporting requirements related to mental health providers.

Clarifications and Contract Alignment:

- **Provider Enrollment into Medicaid** - Operational requirements for new PRSS module to include CURES Act compliance.
- **Model Of Care Member Risk Stratification** – Clarification of requirements (CCC Plus Only).
- **Care Review Management System (CRMS)** - Operational requirements for implementation.
- **CCC Plus and M4 contract Alignment** - Telemedicine/telehealth, dental, some of compliance, and mental health parity sections aligned.
- **Pharmacy and Contracting Program** - Ensuring MCOs maintain separate programs.

A Healthy Body Starts With A Healthy Mouth

IMPACTS BEYOND THE MOUTH

Growing evidence connects a healthy mouth with a healthy body. Here are some examples showing why oral health is about much more than a smile:

High Blood Pressure

- Putting off dental care during early adulthood is linked to an increased risk of having high blood pressure.¹
- Patients with gum disease are less likely to keep their blood pressure under control with medication than are those with good oral health.²

Diabetes

- Untreated gum disease makes it harder for people with diabetes to manage their blood glucose levels.³
- Diabetes raises the risk of developing gum disease by 86%.⁴

Obesity

- Brushing teeth no more than once per day was linked with the development of obesity.⁵
- Frequent consumption of sugar-sweetened drinks raises the risk of both obesity⁶ and tooth decay among children⁷ and adults.⁸

Dementia

- Having 10 years of chronic gum disease (periodontitis) was associated with a higher risk of developing Alzheimer's disease.⁹
- Researchers report that uncontrolled periodontal disease "could trigger or exacerbate" the neuroinflammatory phenomenon seen in Alzheimer's disease.¹⁰

Respiratory Health

- Research shows that improving oral hygiene among medically fragile seniors can reduce the death rate from aspiration pneumonia.¹¹
- Patients with ventilator-associated pneumonia (VAP) who engaged in regular toothbrushing spent significantly less time on mechanical ventilation than other VAP patients.¹²
- Improving veterans' oral hygiene reduced the incidence of hospital-acquired pneumonia (HAP) by 92%, preventing about 136 HAP cases and saving 24 lives.¹³

Adverse Birth Outcomes

- Gum disease among pregnant women is associated with preterm births, low birthweight babies and preeclampsia, a pregnancy complication that can cause organ damage and can be fatal.¹⁴

DentaQuest.
Partnership
for Oral Health Advancement

SOURCES

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NEW Adult Dental Services – Overview

Covers 750,000 adults

- Services began July 1, 2021
- New Benefit package was designed that supports preventive, maintenance and restorative services
- Worked with Dental Advisory Group, Health Catalyst, Virginia Dental Association and subgroups on program
- DentaQuest is ready and was reviewed by independent audit
- Extensive provider recruitment efforts included targeted populations
- Strong communication plan including Governor letter, member mailings and press coverage .
- Well received by members
- Challenges :
 - Budgeted Forecast amount
 - Recruitment as it relates to Rate Insufficiency

Adult Dental 2021- Benefit Coverage Chart

Specialty Area	Description	Services Covered	Limitations
Diagnostic and Preventive Care	Services that are used to detect and recognize caries and periodontal disease. Up to three routine cleanings may be permissible	Exams, Routine cleanings, X-rays	<ul style="list-style-type: none"> Non routine X-rays such as imaging and cone beam technology would require prior authorization
Restorative Care	Specialty allows dentists to restore teeth to proper function	Fillings and crowns	<ul style="list-style-type: none"> Crowns are covered when a root canal is done while member is under the adult dental program Bridges
Endodontics	Specialty allows dentists to perform root canals on teeth that have sound below the gum structure (root) yet the above gum structure is compromised (decay or trauma)	Root canals Pulpal Debridement	<ul style="list-style-type: none"> Endodontic retreatment and surgical procedures that have a questionable success rate
Periodontics	Specialty focuses on keeping gums and the bone below the gums healthy.	Scaling and Root Planing Gingivectomies Periodontal maintenance procedures	<ul style="list-style-type: none"> Periodontal flap procedures, crown lengthening procedures, bone replacement grafts
Dentures and Partial	Specialty focuses on replacing teeth with removal appliances	Dentures, Partial, and Repair procedures	<ul style="list-style-type: none"> Partial are covered as a part of a definitive treatment plan
Oral Surgery	Specialty routinely extracts teeth and performs extractions requiring surgical methods such as removing bone	Extractions Alveoplasty	<ul style="list-style-type: none"> Non-tooth extraction procedures Surgery necessitated by trauma Implants
Adjunctive General Services	This area while not a specialty is important in that it allows coding for anesthesia services and many other dental procedures not listed elsewhere.	Anesthesia Services	<ul style="list-style-type: none"> Non anesthesia services may require prior authorization

Behavioral Health Redesign for Access, Value and Outcomes

Vision

Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are:



High Quality

Quality care from quality providers in community settings such as home, schools and primary care



Evidence-Based

Proven practices that are preventive and offered in the least restrictive environment



Trauma-Informed

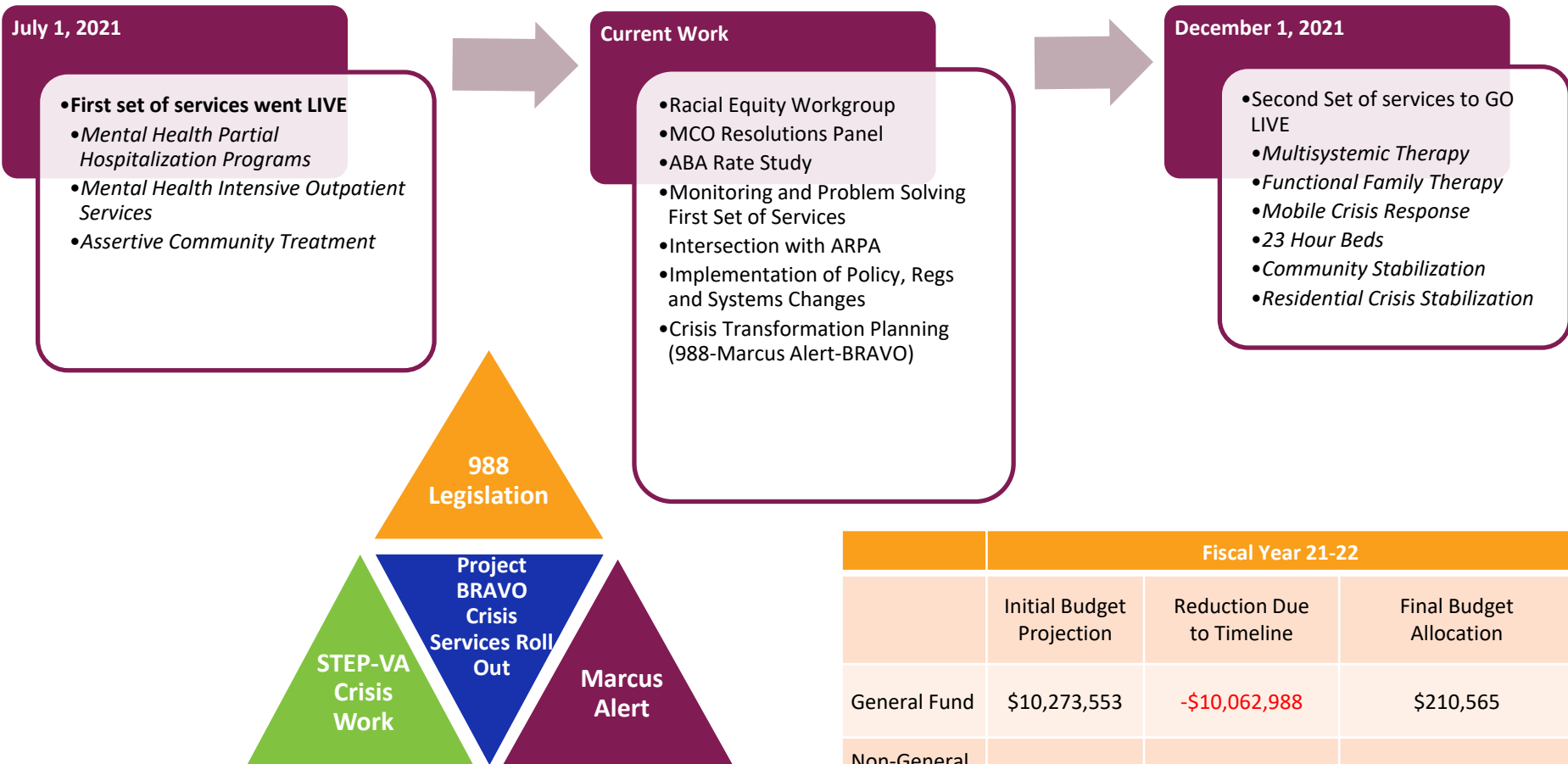
Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals



Cost-Effective

Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system

BRAVO TIMELINE & STATUS



	Fiscal Year 21-22		
	Initial Budget Projection	Reduction Due to Timeline	Final Budget Allocation
General Fund	\$10,273,553	-\$10,062,988	\$210,565
Non-General Funds	\$14,070,322	-\$38,332	\$14,031,990
TOTAL FUNDS	\$24,343,875	-\$10,024,656	\$14,242,555

Unwinding COVID Flexibilities

Medicaid Memo: COVID Flexibilities Update – Expiration of state PHE on 6/30/21

Medicaid COVID policies were guided by the state and federal public health emergencies and maintenance of effort requirements associated with the Families First Coronavirus Response. Policy tables are available online to explain the following:

- Policies ending June 30, 2021
- Policies expiring June 30, 2021 with a 60-day grace period
- Policies remaining in effect
- Policies expired prior to June 30, 2021

Questions from committee members?

We will now hear public comment from those who signed up in advance. Comments are limited to 3 minutes. Thank you.

Appendix

Accessing Cardinal Care Materials

2020 Appropriations Act

- Item 313.E.8 required DMAS to develop a plan to create a unified managed care program
 - Report available here: <https://rga.lis.virginia.gov/Published/2020/RD567/PDF>
- Item 313.E.7 required DMAS to conduct a companion analysis on the costs and benefits of combining the MLRs and underwriting gain provisions
 - Report available here: <https://rga.lis.virginia.gov/Published/2020/RD689/PDF>

2021 Appropriations Act

- Item 313.EE authorizes and provides funding for DMAS to move forward with combining the CCC Plus and Medallion 4.0 programs effective July 1, 2022
<https://budget.lis.virginia.gov/item/2021/2/HB1800/Enrolled/1/313/>
- Also requires DMAS to complete two additional reports: (1) analysis of combining FAMIS and children's Medicaid programs and (2) analysis of financial impact of a unified program

MCO 2021 – 2022 Contracts

- CCC Plus: <https://dmas.virginia.gov/for-providers/managed-care/ccc-plus/program-information/>
- Medallion 4.0: <https://dmas.virginia.gov/for-providers/managed-care/medallion-40/more-information/>